

CFRF Lobster Research Fleet: Vessel Application

Applications must be submitted to the CFRF by Monday, April 1, 2013 (All information will be kept confidential)

Applicant Information: Name (Fishing Vessel Owner): ______ Company Name (If Applicable): Residential Address: ______ Mailing Address (if different than Residential Address): Email Address: ______ Home Phone Number: ______ Cell Phone Number: **Vessel Information:** Fishing Vessel Name: ______ Home Port: _____ Vessel Length: Vessel Horsepower: Number of Crew: Lobster Management Area Fished: LMA 2 **BOTH** LMA 3 Statistical Areas Most Often Fished: Months Typically Fished (e.g. April through December) Number of Days Fished Per Year (For Lobster): ______

Average Number of Traps Fished Per Year (Past 3 Years): _____

Vessel Permits & Licenses:
Federal Permit Number:
State License Number:
Trap Allocation:
USCG Safety Exam Sticker: YES/NO
If Yes, Sticker Number:
Past Involvement in Cooperative Research and/or Data Collection:
I verify that: 1) The information listed above is accurate 2) I have read the description of the program and required work tasks, and if chosen to be a member of the research fleet, agree to: 1) Carry out the work tasks identified in the sampling program,
2) Participate in organization/training/review meetings as required, and3) Be committed to assisting with achieving the goals of the pilot program
Printed Name:
Signature:
Applications can be submitted by:
1) Email: jdickinson@cfrfoundation.org
2) Mail: Commercial Fisheries Research Foundation P.O. Box 278 Saunderstown, Rhode Island 02874
3) Fax: (401) 515-3537 4) Online: www.cfrfoundation.org/lobster-research-fleet

Questions? Please contact Jane Dickinson at (401)515-4892 or idickinson@cfrfoundation.org